

Your gifts to Hendrick Medical Center Foundation will offer health and hope to patients at Hendrick Medical Center. Gifts of all sizes help us provide quality healthcare, regardless of the patient's ability to pay.

Please enter your information below. Then mail this form to: **Hendrick Medical Center Foundation**  
1900 Pine St.  
Abilene, Texas 79601

**Yes, I want to help with a gift of: \$** \_\_\_\_\_

**Donor Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**My gift to the Hendrick Foundation is:**  In memory of \_\_\_\_\_  
 In honor of \_\_\_\_\_

**Please notify person/persons regarding my gift.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Sign the card from \_\_\_\_\_

**Please use my gift for:**  Wherever the need is greatest  Women's services  
 Endowment for the future  Hospice care  
 Cancer treatment and research  Rehab programs  
 Cardiac care  I will make a gift of securities.  
 Children's Miracle Network Hospitals  Other \_\_\_\_\_

**Payment Information**

A check is enclosed for my donation amount. Please make check payable to Hendrick Medical Center Foundation.

**Credit Card Information**

Card Type  Mastercard  Visa  Discover  American Express  
Name (as it appears on your card) \_\_\_\_\_  
Card Number     -     -     CSV (three-digit number on back of card)     
Expiration (Month/Year) \_\_\_\_\_/\_\_\_\_\_